

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1 Date of Request: <u>7-22-05</u>		2 Serial/Patent # <u>10/519441</u>																																																													
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">1</td><td style="width: 15%;">12/29/04</td><td style="width: 5%;">\$</td><td style="width: 10%;">100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td><td></td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/29/04	\$	100	<input type="checkbox"/>	Amendment			\$		<input type="checkbox"/>	Extension of Time			\$		<input type="checkbox"/>	Notice of Appeal/Appeal			\$		<input type="checkbox"/>	Petition			\$		<input type="checkbox"/>	Issue			\$		<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		<input type="checkbox"/>	Maintenance			\$		<input type="checkbox"/>	Assignment			\$		<input type="checkbox"/>	Other			\$		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		\$ <u>100</u>																																																													
8 TO BE REFUNDED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Treasury Check Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> </tr> </table>		1	3	--	0	0	1	0																																																					
1	3	--	0	0	1	0																																																									
10 REASON: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Overpayment Duplicate Payment No Fee Due (Explanation):																																																													
11 REFUND REQUESTED BY:																																																															
TYPED/PRINTED NAME: <u>A JOHNSON</u>		TITLE: <u>paralegal</u>																																																													
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9740</u>																																																													
OFFICE: <u>PCT</u>																																																															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																															

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: